

# Continuing Education Grant Application for Organizations

Members of the Washington Library Community who need financial assistance to attend or receive instruction (individuals) or provide a workshop (organizations) may be eligible for grants to cover half the cost of these continuing education events, not to exceed \$500 per event per individual, or \$1000 per institution. Applications for individual CE grants should use the CE Grant Application for Individuals at <http://www.statelib.wa.gov/libraries/training/CEAPP.pdf>. Funds have been allocated from the State Library's federal Library Services and Technology Act (LSTA) monies specifically for supporting these Continuing Education (CE) Grants.

**Directions:** This application must be **completed in full to be accepted** – please read and follow *all instructions carefully* prior to submission, especially with respect to the *budget*. Final applications must be received via fax, email or post at least 30 days prior to the CE event for which you are requesting funding. Additional information regarding the CE Grant application process, including information about allowable expenses can be found at the State Library's Web site at <http://www.statelib.wa.gov/libraries/training/continued.aspx>, or by contacting Elizabeth Iaukea at 360.570.5571 or [eiaukea@secstate.wa.gov](mailto:eiaukea@secstate.wa.gov).

Send the **signed original and one copy** of the completed application **at least 30 days prior to the CE event** for which you are requesting funding to the address below. Please retain an additional copy for your records.

CE Grants  
Washington State Library  
PO Box 42460  
Olympia, WA 98504

Fax: 360.586.7575

Email: [eiaukea@secstate.wa.gov](mailto:eiaukea@secstate.wa.gov)

Faxed or emailed applications must be followed by a hard-copy with an original signature to be valid.

<b>Organization Information</b>		
Name of Organization:		
Street Address:		
City:	Zip:	Business Telephone:
Nonprofit State Federal Tax Number:		
<b>Event Coordinator / Sponsor Information (individual applying for the grant on behalf of the organization)</b>		
Name:		
Title:		
Business Telephone:	E-mail:	
Business Fax:		
<b>Continuing Education Event Information</b>		
C.E. Event:		
Event Location:		
Presenter(s):		
Event Dates:	Total Amount of Grant Requested:	

Please respond to the following questions, using a separate sheet if necessary.

Who is the target audience?
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How will their needs be met by this project?
How were the training needs determined?
What are the learning objectives of this project?
What teaching methods will be used and why are they the most appropriate?
If there is to be a presenter/s, why and how were they chosen?
How will the project be evaluated?

### **Organizational CE Event Budget**

‘Matching contribution’ refers to the total amount put forth by the sponsoring organization to cover event costs. This amount, when combined with the LSTA grant request, should reflect the total cost of the CE event. The LSTA grant cannot cover more than half of the total cost of the event, and cannot exceed \$1000 per event.

- Mileage is reimbursed at a rate of \$.375 per mile as of January 2004. Fuel receipts are not required.
- Lodging will be reimbursed at levels in accordance with state / federal lodging allowances\* – presenters should request government rates, if applicable.
- Food expenses may be claimed as part of the organization's matching contribution, but cannot exceed the federal per diem rate for the event location\*. Claims are paid based on **itemized receipts** submitted by the grantee – *not per diem rates*.

\*State per diem rates for food and lodging are posted by the Washington Office of Financial Management at [www.ofm.wa.gov/policy/colormap.pdf](http://www.ofm.wa.gov/policy/colormap.pdf).

	Matching Contribution	LSTA Grant Request	Total Amount Budgeted
<b>Travel</b>			
<b>Lodging</b>			
<b>Food</b>		<b>NOT APPLICABLE</b>	
<b>Presenter Fees:</b>			
<b>Equipment Rental:</b>			
<b>Facility Rental:</b>			
<b>Other:*</b>			
<b>Other:*</b>			
<b>Total</b>			

\*Please itemize.

I have reviewed the information above and understand that reimbursement will only be paid to cover eligible documented, itemized expenses, not to exceed the approved award amount.

Applicant Signature:

Date:

**To be filled out by the library director or organization chair:**

Name:

Title:

LSTA funds cannot be used for profit-making activities. Does the undersigned understand that any profit earned will be deducted from the amount of the award? ☐ Yes ☐ No

Why can't the library/organization cover the entire cost of this event?

I, as sponsor of the CE event, attest that the purposes for which these funds will be utilized do not replace local funding and fall into the purposes for which LSTA is available..

Signature of Sponsor

Date